

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214502922						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AWIN Management, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F1616293</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000		
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COMMON	1,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 18500 North Allied Way</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Phoenix, AZ 85054</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
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NAME:	James H. Olson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Michael P. Rissman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ Asst. Sec		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Andrew J. Sweet	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ Asst. Sec		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Lawrence Focazio	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, Tax		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Eileen B. Schuler	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Edward A. Lang, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ Treasurer		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Marsha A. Lacy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Eileen B. Schuler	Eileen B. Schuler,	1/8/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			